

1	Unified Rate Review v4.3																													
2																														
3	Company Legal Name:		UnitedHealthcare Insurance Co										State:		KY															
4	HIOS Issuer ID:		28773										Market:		Small Group															
5	Effective Date of Rate Change(s): 1/1/2019																													
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2017		to		12/31/2017																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$1,613,913		\$365.14		100.00%																							
15	Incurred Claims in Experience Period		\$1,141,258		258.20		70.71%																							
16	Allowed Claims:		\$1,496,986		338.68		92.76%																							
17	Index Rate of Experience Period				\$335.85																									
18	Experience Period Member Months		4,420																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			Experience Period		Projection Period: 1/1/2019		to		12/31/2019		Mid-point to Mid-point, Experience to Projection:		24		months															
22			on Actual Experience Allowed		Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment		Credibility Manual																			
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Days		138.46		\$6,117.55		\$70.59		0.989		1.047		1.037		1.031		145.56		\$6,887.82		\$83.55		211.59		\$5,983.44		\$105.51	
25	Outpatient Hospital		Services		4,335.75		352.05		127.20		0.989		1.047		1.037		1.031		4,558.03		396.37		150.56		5012.63		477.14		199.31	
26	Professional		Visits		5,188.24		221.43		95.74		0.989		1.047		1.037		1.031		5,454.23		249.31		113.32		6409.21		215.85		115.29	
27	Other Medical		Services		500.00		12.50		0.52		0.989		1.047		1.037		1.031		525.63		14.08		0.62		525.97		23.56		1.03	
28	Capitation		Benefit Period		12,000.00		10.37		10.37		0.989		1.047		1.037		1.031		12,615.22		11.68		12.27		12623.24		9.02		9.49	
29	Prescription Drug		Prescriptions		9,274.21		44.34		34.27		0.989		1.047		1.037		1.031		9,749.68		49.93		40.57		12342.74		76.73		78.93	
30	Total								\$338.68														400.88						\$509.55	
31																														
32	Section III: Projected Experience:								Projected Allowed Claims PMPM (w/applied credibility if applicable)				0.00%										100.00%		After Credibility		Projected Period Totals			
33																									\$509.55		\$1,275,906			
34																									0.823					
35																									\$419.36		\$1,050,070			
36																									2.74		6,861			
37																									\$416.62		\$1,043,209			
38																									0.00		0			
39																									\$416.62		\$1,043,209			
40																									15.90%		91.19			
41																									3.53%		20.25			
42																									7.93%		45.48			
43																											\$573.54			
44																											\$536.47			
45																											57.07%			
46																											25.33%			
47																														
48																											2,504			
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
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Product-Plan Data Collection

Company Legal Name:UnitedHealthcare Insurance Company

HIOS Issuer ID:28773

Effective Date of Rate Change(s):1/1/2019

State:KY

Market:Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		KY001 Plans				KY005 Plans
Product ID:		28773KY001				28773KY005
Metal:		Not Applicable	Gold	Silver	Silver	Gold
AV Metal Value		0.000	0.814	0.717	0.712	0.804
AV Pricing Value		0.000	1.162	1.012	0.902	2.438
Plan Category		Terminated	Renewing	Renewing	Renewing	Renewing
Plan Type:		POS	POS	POS	POS	Indemnity
Plan Name		Terminated Products	BG-YI	BG-Y4	BG-Y5	AU-QN
Plan ID (Standard Component ID):		28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Exchange Plan?		No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		10.08%				0.00%
Historical Rate Increase - Calendar Year - 1		7.48%				0.00%
Historical Rate Increase - Calendar Year 0		7.63%				0.00%
Effective Date of Proposed Rates		1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)		0.00%	-0.30%	4.50%	0.70%	1.10%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	8.00%	13.30%	9.30%	9.70%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	17.65%	0.00%	0.00%	23.69%
Product Rate Increase %		8.34%				9.69%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$540.65	\$0.00	\$546.14	\$492.85	\$455.60	\$1,226.90
Projected Member Months	2,504	0	2,192	141	159	12

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
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Plan Adjusted Index Rate	\$172.65	\$0.00	\$526.64	\$0.00	\$0.00	\$1,050.99
Member Months	4,420	2,971	1,449	0	0	0
Total Premium (TP)	\$1,613,913	\$948,290	\$665,623	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	99.84%	100.00%	99.60%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.16%	0.00%	0.40%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,496,986	\$783,855	\$713,131	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	99.81%	100.00%	99.60%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.19%	0.00%	0.40%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$355,728	\$191,517	\$164,212	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%			
Total Incurred claims, payable with issuer funds	\$1,141,258	\$592,338	\$548,920	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$129.26	\$0.00	\$129.26	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$258.20	\$199.37	\$378.83	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	\$338.68	\$263.84	\$492.15	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$338.04	\$263.84	\$490.19	\$0.00	\$0.00	\$0.00

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Plan Adjusted Index Rate	\$609.58	\$0.00	\$619.62	\$539.63	\$481.00	\$1,299.97
Member Months	2,504	-	2,192	141	159	12
Total Premium (TP)	\$1,526,378	\$0	\$1,358,211	\$76,088	\$76,480	\$15,600
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,275,906	\$0	\$1,122,880	\$69,033	\$77,846	\$6,147
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$225,835	\$0	\$188,500	\$16,689	\$25,232	-\$4,585
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,050,070	\$0	\$934,380	\$52,345	\$52,614	\$10,732
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	\$7,237	\$0	\$6,335	\$407	\$460	\$35